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ABSTRACT

This paper discusses the history and the impact that current social conditions of Native American people has upon their education, careers, relationships, and physical and mental health, and offers suggestions about how counselors can help Native Americans improve their lives. The structure of the paper includes a brief history of some of the critical incidents in Native American history, current challenges among the Native American population, counseling implications associated with these challenges, and suggestions counselors can use to increase their cross-cultural skills in counseling, consulting, and agency development. (Contains 21 references.) (GCP)

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Training Counselors to Work with Native American Clients

by

Sherri Turner

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TRAINING COUNSELORS TO WORK WITH NATIVE AMERICAN CLIENTS

This paper discusses the impact of the history, and current social conditions of Native American people upon their education, careers, relationships, and physical and mental health, and offers suggestions about how counselors can help Native Americans improve their lives. The structure of the paper includes: (1) a brief history of some of the critical incidents in Native American history; (2) current challenges among the Native American population; (3) counseling implications associated with these challenges; and, (4) suggestions counselors can use to increase their cross-cultural skills in counseling, consulting, and agency development.

HISTORY

The history of the Native American peoples in the United States is a history of the loss of lives, land, children and personal control. From the mid 1600's to the mid 1880's, almost 400 treaties were signed between the governments of the United States the over 500 indigenous American Indian tribes. Most of these treaties traded tribal landholdings (over 90 million acres) for educational benefits, medical benefits, and reservation lands west of the Mississippi River. The results of these treaties were that American Indians were moved onto reservations, usually under armed guard, and often in the middle of winter.

In 1893, the Dawes Act was passed into federal law, which effectively ended government treaties with American Indians, and opened up reservation lands for European American settlement. Under the Dawes Act, 75% of all Native American people were officially removed from the American Indian census roles, and were declared ineligible for any further American Indian status benefits. Ninety percent of all American Indian Reservations were dissolved, and many Native Americans experienced not only the loss of their homes, but of their tribal identities

as well.

In the early 1900's, the United States government instituted Bureau of Indian Affairs Boarding Schools. About 80% of the American Indian children across the United States were forcibly removed from their family homes, and placed in these boarding schools where they were given European American education. Children in these boarding schools often did not see their families for years, were not allowed to dress in traditional American Indian clothing, and were forced to speak only English. During this time much of the Native American culture, as well as the majority of the Native American languages were lost.

During the 1950's and 1960's, the federally sponsored Indian Relocation Program sent Native American people from their reservation homes to large urban centers to obtain paid employment. The poverty stricken, inner-city Native American slums in Minneapolis, St. Louis, Los Angeles, and other cities across the United States are inhabited by these families who are often severely underemployed or unemployed.

In the 1960's and 1970's, there was a significant increase in the removal of American Indian children from their homes by state governments without any benefit of due process on the behalf of Native American parents. Thousands of these children were taken from their homes and placed in permanent foster care with European American families. In one state alone, over 20,000 children were removed.

In 1978, the Indian Child Welfare Act was passed to guarantee the sovereign rights of tribes over their children, and tribal courts were established to guarantee due process for American Indian parents and children. However, in 1996 a bill was introduced in the House to amend the Act. This bill proposed that the Indian Child Welfare Act exempt from protective coverage any child whose parents "do not maintain significant social, cultural, or political

affiliation with the tribe of which the parents are members, and for other purposes." What this definition meant was to be determined on a case-by-case basis. The bill, in its proposed form, was not passed.

In order to treat Native American clients more effectively, it is important to understand American Indian history, as well as Native Americans' political and social realities. Pervasive feelings of betrayal, together with real loss and devastation have led to strong grief reactions and what some researchers call post-colonial and/or transgenerational trauma among American Indian people (Brave Heart & DeBruyn, 1998: Walters & Simoni, 1999). Associated with the reactions to this trauma are some of the social and psychological consequences described in the next section of this paper, which are: educational and career deficits, physical health issues, overrepresentation in the correctional system, criminal victimization, substance abuse, and suicide.

CURRENT CHALLENGES AMONG THE NATIVE AMERICAN POPULATION

Educational and Career Deficits

In the areas of education and career, research shows that American Indians have higher K-12 school dropout rates, about 30% nationwide, than any other American ethnic group, and higher than the national average of about 11% (Reyhner, 1994; U.S. Department of Education, 2000). Some states and reservations report dropout rates ranging from 42.5% to 50% (North Dakota Department of Public Instruction, 2001; Oklahoma State Regents for Higher Education, 1990), with most American Indian students dropping out of school before reaching the tenth grade. Native American students report that the reasons they drop out of high school are strongly related to: (1) discrimination, especially by teachers (James, et al., 1995); (2) a belief that completing high school will not help them achieve career goals (Bowker, 1994; Ogbu, 1987);

and, (3) more strongly related to poverty, than to ethnicity or family conflict (Bowker, 1994).

In addition, employment among Native Americans, which is highly correlated with educational attainment, is appallingly low, with less than 10% of all adult Native American males consistently employed (Tropman, 1986), and 80% to 90% of the Native people on some reservations continually unemployed. Consequently, the rates of poverty among American Indian people nationwide, which is currently estimated to be 25.9% (U.S. Bureau of the Census, 2001) is almost three times than that of Caucasian Americans.

Physical Health Issues

The most critical public health issue in the Native American population is the prevalence of Type II Diabetes. Compared to the overall national rate, which is 6.5%, the rates for diagnosed diabetes among Native Americans is 12.2% for those over 19 years of age, 25% among the Oklahoma tribes, and 50% among members of the Pima Tribe, which is the highest rate of diabetes in the world. Complications from diabetes are one of the major causes of death among Native Americans, with three times more Native Americans dying from diabetic complications than Caucasian Americans (Trujillo, 2000). Other reported public health issues among Native American people are Sudden Infant Death Syndrome, which is 3 times the national average among Native Americans (Trujillo, 2001), and significant numbers of Native Americans who live with emotional, learning, mobility, and communication disabilities (i.e., blindness, deafness, etc.).

Overrepresentation in the Correctional System

Incarceration statistics report that Native Americans are over-represented in prison systems. While American Indians are roughly 1% of the US population (about 2.6 million people), they make up 1.6% of the population of prisoners in the Federal Prison System and

1.3% of prisoners in state systems. The rate of confinement in local jails is estimated to be nearly 4 times the national average. One out of three American Indians will be jailed in his or her lifetime, and every other American Indian family will have a relative die in jail (*Correctional population in the United States,* 1995).

Criminal Victimization

American Indians are the victims of violent crimes at more than twice the rate of all other U.S. residents. Compared to the rates of criminal victimization in the general population, American Indians experience rapes, sexual assaults, and aggravated assaults 3.5 times more often, robberies 2.4 times more often, and simple assaults twice as often as other Americans. The Bureau of Justice (1999) reports that both male and female American Indians experience violent crime and interracial violence more often than people from all other United States ethnic groups combined.

Substance Abuse

The Indian Health Services (Trujillo, 2000) report that the mortality associated with alcoholism is 627% greater, and accidents related to alcohol abuse are 240% greater, among Native Americans than among all other American ethnic groups combined. Additionally, alcohol and drug abuse and dependence accounts for 72% of the outpatient visits to the Indian Health Service hospitals for persons less than 40 years of age; and, Fetal Alcohol Syndrome is the most frequent birth defect found among Native . .mericans today (Morbidity and Mortality Weekly Report, 1992, 1994).

Researchers have proposed several possible causes of the alcoholism rates among Native Americans. For example, Reed (1985) suggests that Native Americans appear to be more vulnerable to addiction than other American ethnic groups as indicated by their physiological

sensitivity to alcohol (i.e., flushing, dysphoria, and rapidity in their cardiovascular response). However, international comparisons studies have shown that American Indian drinking patterns are similar to the drinking patterns of indigenous persons from other countries (Kahn, 1982), suggesting an environmental component, as well.

Suicide

Research shows that 1 out of every 200 American Indian youth have attempted suicide. Suicide rates are 4 times higher among American Indians than among any other American ethnic group (LaFromboise & Howard-Pitney, 1995). Incidence of suicide among Native American young people, ages 15-24, is nearly three times that of the U.S. national rate (Indian Health Service Trends 1989-91). As with each of the other pervasive issues discussed above, the consequences of a Native American adolescent's suicide take a tremendous psychological toll on the Native American family, community, and tribe.

COUNSELING IMPLICATIONS

In this section, several suggestions are given to help counselors increase their cross-cultural skills in counseling, consulting, and agency development. First, counselors who work with Native American clients need to become proficient in a variety of multiculturally aware counseling skills. Counselors who work with Native Americans should learn to treat traumatic reactions, health management issues, educational and career issues, family issues, and substance abuse/dependency issues, and depression and suicide issues. Next, counselors who work with Native American clients need to become consumers of informative research literature about the best and most effective counseling strategies that can be used with American Indian clientelle. Finally, counselors should be aware that the problems in the Native American communities are so pervasive that few community members are not touched by their effects. For example, Native

American clients probably have close friends or relatives who meets criteria for alcohol or drug dependence. It is probable that Native American clients have experienced the death of a loved one through Sudden Infant Death Syndrome, in a drug or alcohol related accident, through suicide, or who was, at the time, in prison. In addition, it is likely that Native American clients have been victimized by violent crime.

COUNSLING, CONSULTATION, AND AGENCY DEVELOPMENT

Research has shown that Native Americans underutilize counseling and psychological services (LaFromboise, 1998). However, it is possible to offer culturally sensitive, as well as personally sensitive counseling services to Native American clients. This section offers three counseling and agency building strategies, along with suggestions on implementing these strategies, to help counselors and work more effectively with their Native American clients.

Strategy 1: Building a Working Alliance

As with all other clients, a solid Working Alliance must be established with a Native American client in order to accomplish agreed-upon therapeutic goals. This Working Alliance must be built on mutuality and trust. Building therapeutic trust with a Native American client may take time and patience, with several starts and stops to the therapeutic progress. Concreteness and consistency can be the counselor's ally in helping a Native American client. Establishing a non-directive relationship and using a client empowerment model can be very effective with a client from the Native American culture, as this model mirrors many of the cultural values and social mores with which Native Americans treat each other. Finally, a referral or an endorsement by a trusted friend in the Native American community can help a client learn to trust the counselor more quickly, and may increase the counselor's therapeutic impact.

Strategy 2: Matching Communication Styles

One of the most difficult tasks of learning to counsel cross-culturally is to learn how to manage the differences between one's own culturally encapsulated communication style, and the communication style of the client. Communication styles in the Native American community may be very different than those found in the majority culture. These differences may be most apparent in the American Indian client's use of nonverbals, including their use of personal space (i.e. the distance one maintains from other people), eye contact (which has been called an invitation to communicate; Andersen, 1991), verbal response time, body posture, voice tone, and immediacy behaviors (i.e., smiling, touching, close distances, and vocal animation). These differences vary by tribe, area of the country, and the client's level of enculturation. Counselors-in-training can learn to pattern match at least some of the non-verbals of their clients to help facilitate the Working Alliance. Observation of the communication processes in the Native American community, and finding someone in the Native community who would be willing to explain the meaning of various nonverbals are effective ways to learn Native American clients' communication styles.

Strategy 3: Agency Development

A commitment to developing a multicultural counseling agency is probably the most important task in cross-cultural counselor training. The atmosphere of the counseling agency may help determine whether agency counselors have the opportunity to work with Native American clients. The following four points are suggestions on how to begin the process of developing a Native American friendly multicultural counseling practice:

1. Make a commitment to multicultural counseling through the training of counseling agency personnel.
2. Make the counseling center a friendly environment to clients of all cultures and

ethnicities by including pictures, magazines, and symbols that reflect a variety of cultural expressions.

3. Staff the counseling agency, whenever possible, with Native American clinicians; or employ the services of Native American consultants to work with the professional staff on specific cases.
4. Find referral sources from within the Native American community.

Conclusion

This paper briefly discusses the Native American history, the theory of transgenerational trauma, current social and mental health challenges among Native American people, and suggestions related to building multiculturally aware counseling skills, and developing a multiculturally sensitive counseling agency. While the ideas in this paper may be an introduction to this important subject of counseling with American Indian clients, further study and experience will be necessary for the counselor to become an effective provider of counseling services to Native American clientelle.

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